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| PATENT APPLICATION FEE DETERMINATION RECORD  Application of Docket Number  |   |                    |                                       |                      |                  |                    |                 |                              |                    |                  |
|--|---|--------------------|---------------------------------------|----------------------|------------------|--------------------|-----------------|------------------------------|--------------------|------------------|
| Substitute for Form PTO-875  |   |                    |                                       |                      |                  |                    |                 | Application or Docket Number |                    |                  |
| 10 (21,200   |   |                    |                                       |                      |                  |                    |                 |                              |                    |                  |
| · CLAIMS AS FILED ~ PART I   |   |                    |                                       |                      |                  | •                  |                 |                              | OTHE               | R THAN           |
| _  | · · · · · · · · · · · · · · · · · · ·                           | <del></del>        | (Column 1)                            |                      | Calumn 2)        | SMALL              | ENTITY          | OR                           |                    | L ENTITY         |
| ١.   | FOR   |                    | NUMBER FILED                          |                      | <br>BER EXTRA    | RATE               | ccc             | 7                            |                    | T                |
|  | SIC FEE   |                    |                                       | <del></del>          |                  | <u>'```</u> -      | FEE             | -                            | RATE               | FEE              |
|  | CFR 1.16(a))<br>TAL CLAIMS                                      |                    | <del></del>                           |                      |                  |                    | S               | OR                           |                    | s                |
|  | CFR 1.16(c))  |                    | minus                                 | 20 =                 | •                | × s <u>25</u> =    |                 | OR                           | x s <b>5</b> 0=    |                  |
|  | DEPENDENT CLA<br>CFR 1.16(b))                                   | IMS                | minus                                 | 3 = -                |                  | x s 100=           | 1               | 1                            | x 5 200            |                  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))  |   |                    |                                       |                      |                  | +5180              | <del> </del>    | OR                           | +360               | <del> </del>     |
| * If the difference in column 1 is less than zero, enter *0* in column 2.  |   |                    |                                       |                      |                  | TOTAL              | <del> </del>    | , OR                         | <u> </u>           | <del> </del>     |
|  |   |                    |                                       |                      |                  | . 1012             | L               | OR                           | TOTAL              | L                |
| CLAIMS AS AMENDED - PART II  |   |                    |                                       |                      |                  |                    |                 |                              |                    |                  |
|  |   | (Column 1          |                                       | (Column 2)           | (Column 3)       | SMALL I            | ENTITY          | OR                           |                    | R THAN<br>ENTITY |
| ⋖  | 10(   | CLAIMS             |                                       | HIGHEST<br>NUMBER    | PRESENT          | RATE               | ADDI-           | ]                            |                    | · ·              |
| F  | 19/05   | AFTER              | - }                                   | PREVIOUSLY           |                  | 10.12              | TIONAL          | ļ.                           | RATE               | AD0I-<br>TIONAL  |
| Œ  | Total   | AMENDME            | Minus                                 | PAID FOR             | =                | - <del></del>      | FEE             | ļ                            |                    | FEE              |
| ğ  | (37 CFR 1.16(c))  | .10                |                                       | 20                   |                  | x s <u>25</u> =    |                 | OR                           | x s <u>50</u> =    |                  |
| AMENDMENT  | (37 CFR 1.16(b))  |                    | Minus                                 | 3-                   | 1                | x s_100=           |                 | OR                           | x s <b>20</b> 0    |                  |
| 4  | FIRST PRESENT   | TATION OF MUL      | TIPLE DEPEN                           | DENT CLAIM (37 C     | FR 1.16(d))      | + s_180=           |                 | OR                           | +5360              |                  |
|  |   |                    |                                       |                      |                  | TOTAL<br>ADD'L FEE |                 | OR                           | TOTAL<br>ADD'L FEE |                  |
|  |   | (Column 1)         |                                       | (Column 2)           | (Column 3)       |                    |                 |                              | •                  |                  |
| æ  |   | CLAIMS             |                                       | HIGHEST              |                  |                    |                 |                              | <u></u>            | <del></del>      |
|  |   | REMAININ<br>AFTER  | G                                     | NUMBER<br>PREVIOUSLY | PRESENT<br>EXTRA | RATE               | ADDI-<br>TIONAL |                              | RATE               | ADDI             |
| EN.  |   | AMENDME            | VΤ                                    | PAID FOR             |                  |                    | FEE             |                              | i.                 | TIONAL<br>FEE    |
| Σ  | Total<br>(37 CFR 1.16(c))                                       | '                  | Minus                                 | "                    | Ξ .              | x s 25 =           |                 | OR                           | x \$ 50=           |                  |
| AMENDMENT  | Independent<br>(37 CFR 1.16(b))                                 | . •                | . Minus                               | •••                  | =                | x s 100=           |                 | OR                           | x s 200=           | ·                |
| AM   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                    |                                       |                      |                  | + 5 180=           |                 |                              | -360               |                  |
| (37 CTX 1.10(d))   |   |                    |                                       |                      |                  | TOTAL              |                 | ÓR                           | TOTAL              |                  |
|  |   |                    |                                       |                      |                  | ADD'L FEE          |                 | OR                           | ADD'L FEE          |                  |
|  | •   | (Column 1)         |                                       | (Column 2)           | (Column 3)       |                    |                 |                              |                    | -                |
| ပ  |   | CLAIMS             |                                       | HIGHEST              | [                |                    |                 | 1                            |                    |                  |
| F  |   | REMAINING<br>AFTER | e                                     | NUMBER<br>PREVIOUSLY | PRESENT          | RATE               | ADDI-<br>TIONAL |                              | RATE               | ADDI-            |
|  |   | AMENDMEN           | <b>VT</b>                             | PAID FOR             |                  |                    | FEE             |                              |                    | TIONAL<br>FEE    |
| N<br>O   | Total<br>(37 CFR 1.16(c))                                       | •                  | Minus                                 |                      | = '              | x s 25 =           |                 | OR                           | x s 50 =           |                  |
| AMENDME  | Independent<br>(37 OFR 1,16(b))                                 |                    | Minus                                 | •••                  | =                | x s <u>100</u> 2   |                 | OR                           | x s 200            | :                |
| A  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d)) |                    |                                       |                      |                  | + 5 180=           |                 | OR                           | , 360              |                  |
| · · · · · · · · · · · · · · · · · · ·  |   |                    |                                       |                      |                  | TOTAL              |                 | - ' '                        | TOTAL              |                  |
|  | 4 Kiba anincir -  | aluma tiata        | · · · · · · · · · · · · · · · · · · · | aria aabuu oo oo o   | - *0* := ! · *   | ADD'L FEE          |                 | OR                           | ADD'L FEE          |                  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Reviously Paid For" IN THIS SPACE is less than 20, enter "20". |   |                    |                                       |                      |                  |                    |                 |                              |                    |                  |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including galthering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.